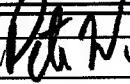


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee TRANSMITTAL For FY 2009		Application Number	10/549,808-Conf. #7965
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 4, 2006
TOTAL AMOUNT OF PAYMENT (\$ 470.00)		First Named Inventor	Dimitri PHILLIPPOU
		Examiner Name	J. H. Aftergut
		Art Unit	1791
		Attorney Docket No.	130451.0103

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	_____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 23-2185		Deposit Account Name: Blank Rome LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____ 52 26							
Each independent claim over 3 (including Reissues) _____ 220 110							
Multiple dependent claims _____ 390 195							
Total Claims _____ Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____ Multiple Dependent Claims							
- or HP = _____ x _____ = _____ Fee (\$)							
HP = highest number of total claims paid for, if greater than 20. _____							
Indep. Claims _____ Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____							
- or HP = _____ x _____ = _____ Fee (\$)							
HP = highest number of independent claims paid for, if greater than 3. _____							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$) _____ Fee Paid (\$) _____							
- 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____ Fees Paid (\$)							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) _____ 405.00							
Other (e.g., late filing surcharge): 1801 Request for Continued Examination _____ 65.00							
1251 One month Extension of Time _____							

SUBMITTED BY					
Signature	/Peter S. Weissman/ 		Registration No. (Attorney/Agent)	40,220	Telephone (202) 772-5800
Name (Print/Type)	Peter S. Weissman		Date	September 28, 2010	

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). 

Dated: September 28, 2010

Electronic Signature for Peter S. Weissman: /Peter S. Weissman/